

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000474

DO NOT WRITE
ON THIS STUD

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1260

STATE FILE NUMBER

FILED JAN 21 1963

VS 300 Rev. 4/59	DATE AMENDED
0128	
20168	
3	
4 0	
5 1	
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9581.1	
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125-0	
131-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CAPE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN CAPE GIRARDEAU	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS 828 INDEPENDENCE	
3. NAME OF DECEASED (Type or, print) First JOHN Middle D Last BRAGG		4. DATE OF DEATH Month JAN Day 13 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-24-27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY SHIPPING	
13a. FATHER'S NAME EZRA BRAGG		13b. MOTHER'S MAIDEN NAME EDITH MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, YES unknown) KOREAN		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRRHOSIS, LAENNEC'S Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONIA, LOBAR		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year Jan. 7, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CAPE GIRARDEAU, MO.	
21. attended the deceased from Jan. 7, 1963 to Jan. 13, 1963 Death occurred at 12:01 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 1-14-63	
22a. SIGNATURE Robert S. Cohen ROBERT S. COHEN M.D. Chief, Med. Scr.		22b. ADDRESS VA. HOSPITAL, POPLAR BLUFF, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-16-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) Cape Girardeau, Mo.
24. FUNERAL DIRECTOR BRINKOFF-HOWELL		25. DATE RECD. BY LOCAL REG. 1-17-1963	
26. REGISTRAR'S SIGNATURE Thelma Cohen			

(Licensed Embalmer's Statement on Reverse Side)

FEB 14 1963

JAN 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Neil H. Brasher

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.